

Texas Department of Health

Bureau of Emergency Management EMS Certification/Licensure Personnel Address Change/Name Change

All information given on this application is considered public record, with the exception of social security number*.

Use this form to change your address and/or name on your EMS record. Fax to 512/834-6714 or mail to: DO NOT use this form to request a new ID card. The form for requesting a replacement ID card is downloadable from our web site at: http://www.tdh.state.tx.us/hcqs/ems/filelib.htm#EMS

Texas Department of Health ATTN: EMS 1100 West 49th Street Austin, TX 78756-3199

TYPE OR PRINT IN BLA Section 1 – List your na	CK INK ime as given on your EMS	certificate or license	
	· ·		
Print Last Name	First Name	Middle Name	SS#* or Texas EMS ID #
*Disclosure of your social secu confusion among applicants wi	-	nmend you provide your social security	y number to be used as a unique identifier to preven
Section 2 - New Addres	s Information		
List New Mailing Address: S	Street, Apt Number or PO Box		
City	Sta	te Zip	
☐ Forward my new add	ress information to the Texa	s EMS Magazine.	
List home or work phon		()	()
		New Home Phone (area code)	New Business Phone (area code)
Section 3 - New Name 1	Information		
Print New Last Name	New First Name	New Middle Name	
Reason for name chan	nge:		
Section 4 – Signature a	and Date		
•		mitted on this form is true and e considered as sufficient cause	l correct. I understand that false e for denial of certification or
Signature of Applicant	•	Date):

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collect about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023 and 559.004)

June 2004